



MLN Connects™ Provider eNews

Part of the Medicare Learning Network®

Thursday, July 11, 2013

CMS is launching a new instrument for measuring satisfaction with your Medicare Administrative Contractor (MAC). Registration opened on July 8, 2013 and should take less than 1 minute to complete. A random sample of registrants will have an opportunity to express their satisfaction with their MAC to CMS. See the [message](#) for more information and to [register](#).

MLN Connects™ National Provider Calls

Medicare Shared Savings Program Application Process Question and Answer Session — Register Now
Medicare and Medicaid EHR Incentive Programs for Eligible Professionals: In-depth Overview of Clinical Quality Measures for Reporting Beginning in 2014 — Register Now
Stage 1 and Stage 2 of Meaningful Use for the EHR Incentive Programs — Registration Now Open
CMS Proposals for PQRS and Physician Value-Based Payment Modifier under the Medicare Physician Fee Schedule 2014 Proposed Rule — Register Now
Choosing Your PQRS Group Reporting Mechanism and Implications for the Value-based Payment Modifier — Register Now
ESRD Quality Incentive Program: Reviewing Your Facility's Payment Year 2014 Performance Data — Registration Now Open
OPEN PAYMENTS: Policy Updates on Payments and the Physician Resource Toolkit — Registration Now Open
ICD-10 Basics — Registration Now Open
ESRD Quality Incentive Program: Notice of Proposed Rulemaking for Payment Year 2016 — Save the Date
Payment Adjustments and Hardship Exceptions for the Medicare EHR Incentive Program — Save the Date

Previous MLN Connects Calls: New Materials Available

Audio Recording and Written Transcript from June 27 “Medicare and Medicaid EHR Incentive Programs and Certified EHR Technology” Call Now Available

Other Calls, Meetings, & Events

PERM Cycle 2 Provider Education Webinar/Conference Call

Announcements and Reminders

Proposed Policy and Payment Changes to the Medicare Physician Fee Schedule for Calendar Year 2014
CMS Proposes Hospital Outpatient and Ambulatory Surgical Centers Policy and Payment Changes for 2014
Register to Participate in the MAC Satisfaction Indicator

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"Screening Pap Tests" Booklet — Reminder

"Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Information for Pharmacies" Fact Sheet — Reminder

"Medicare-Covered Services Furnished Outside the United States" Fact Sheet — Now Available in Electronic Publication Format

"ICD-10-CM/PCS Myths and Facts" Fact Sheet — Now Available in Electronic Publication Format

MLN Connects™ National Provider Calls

Medicare Shared Savings Program Application Process Question and Answer Session — Register Now

Thursday, July 18; 1-2:30pm ET

To Register: Visit [MLN Connects Upcoming Calls](#). Space may be limited, register early.

Target Audience: Medicare FFS providers

On October 20, 2011, CMS issued a final rule under the Affordable Care Act to establish the Medicare Shared Savings Program (Shared Savings Program). This initiative will help providers participate in Accountable Care Organizations (ACOs) to improve quality of care for Medicare patients. During this MLN Connects Call, CMS subject matter experts will be available to answer questions about the Shared Savings Program and application process for the January 1, 2014 start date.

The [Shared Savings Program Application](#) web page has important information, dates, and materials on the application process. Call participants are encouraged to review the application and materials prior to the call.

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) web page to learn more.

Medicare and Medicaid EHR Incentive Programs for Eligible Professionals: In-depth Overview of Clinical Quality Measures for Reporting Beginning in 2014 — Register Now

Tuesday, July 23; 1:30-3pm ET

To Register: Visit [MLN Connects Upcoming Calls](#). Space may be limited, register early.

Target Audience: Professionals eligible for the Medicare and/or Medicaid EHR Incentive Programs. For more details: [Eligibility Requirements for Professionals](#).

This call will give eligible professionals an in-depth overview of clinical quality measures (CQMs) included in the final rule for Stage 2 of Meaningful Use for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Program. Details on the measures, the recommended core set for reporting purposes, and the 2014 electronic specifications for the Medicare EHR Incentive Program will be provided. Participants will be given an opportunity to engage CMS subject matter experts with questions on CQMs.

Agenda:

- Review background information on the EHR Incentive Program: Meaningful Use
- Present Stage 2 requirements, focusing on clinical quality measures
- Explain components of eMeasures in Stage 2
- Provide additional resources for more information

- Question and answer session

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Stage 1 and Stage 2 of Meaningful Use for the EHR Incentive Programs — Registration Now Open

Wednesday, July 24; 1:30-3pm ET

To Register: Visit [MLN Connects Upcoming Calls](#). Space may be limited, register early.

Target Audience: Hospitals, Critical Access Hospitals (CAHs), and professionals eligible for the Medicare and/or Medicaid EHR Incentive Programs. For more details: [Eligibility Requirements for Professionals and Eligibility Requirements for Hospitals](#).

CMS will host an MLN Connects National Provider Call about the Stage 2 Final Rule and how it affects Stage 1 and Stage 2 of meaningful use and other requirements of the EHR Incentive Programs. This call aims to help providers successfully participate in the EHR Incentive Programs and receive an incentive payment.

Agenda:

- The extension of Stage 1
 - Changes to Stage 1 meaningful use criteria
 - New and updated Medicaid policies
 - An overview of Stage 2 meaningful use
 - Clinical Quality Measures (CQMs) beginning in 2014
 - Information on Medicare payment adjustments and exceptions
 - A question and answer session to address meaningful use topics

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CMS Proposals for PQRS and Physician Value-Based Payment Modifier under the Medicare Physician Fee Schedule 2014 Proposed Rule — Register Now

Thursday, July 25; 1:30-3pm ET

To Register: Visit [MLN Connects Upcoming Calls](#). Space may be limited, register early.

Target Audience: Physicians, physician group practices, practice managers, medical and specialty societies, payers, insurers.

This MLN Connects Call will provide an overview of the 2014 Physician Fee Schedule (PFS) Proposed Rule. This presentation will cover potential program updates to the Physician Quality Reporting System (PQRS). The topics covered will include changes to reporting mechanisms, individual measures, and measures groups for inclusion in 2014, criteria for satisfactorily reporting for incentive, criteria for avoiding future payment adjustments, requirements for Medicare incentive program alignment and satisfactory participation under the qualified clinical data registry option, which will be established in the PQRS as a result of the American Taxpayer Relief Act of 2012.

The presentation will also provide an overview of the proposals for the value-based payment modifier including how CMS proposes to continue to phase in and expand application of the value-based payment modifier in 2016 based on performance in 2014. The presentation will also describe how the value-based payment modifier is aligned with the reporting requirements under the PQRS.

Lastly, this presentation will provide information on the 2014 PFS Proposed Rule comment period, which allows the public to post comments and suggestions to proposed program requirements.

Agenda:

- Introduction
- Review of the proposed PQRS policies under the 2014 PFS Proposed Rule
- Review of the proposed value-based payment modifier policies under the 2014 PFS Proposed Rule
- Question and answer session

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) web page to learn more.

Choosing Your PQRS Group Reporting Mechanism and Implications for the Value-based Payment Modifier — Register Now

Wednesday, July 31; 2:30-3:30pm ET

To Register: Visit [MLN Connects Upcoming Calls](#). Space may be limited, register early.

Target Audience: Physicians, physician group practices, practice managers, medical and specialty societies, payers, insurers.

This MLN Connects Call will walk through the Physician Value (PV) - Physician Quality Reporting System (PQRS) Registration System. The PV-PQRS Registration System is a new application to serve the Physician Value Modifier and PQRS programs. The PV-PQRS Registration system will allow: (1) physician group practices to select their CY 2013 PQRS Group Reporting Mechanism, and if the group has 100 or more eligible professionals, elect quality tiering to calculate their CY 2015 Value-based Payment Modifier; and (2) individual eligible professionals to select the CMS-calculated Administrative Claims reporting mechanism for CY 2013 in order to avoid the PQRS negative payment adjustment in CY 2015. A question and answer session will follow the presentation. The PV-PQRS Registration System will be open from July 15, 2013 to October 15, 2013.

Please note that while this call is scheduled for 60 minutes. CMS experts will be available to stay on the line for an additional 30 minutes to take outstanding questions, should they exist, at the end of the scheduled call time. Participants can remain on the line until the conclusion of the call or refer to the call transcript and audio recording (to be posted 7-10 business days after the call) if they are unable to participate beyond the 60 minute scheduled duration.

Agenda:

- Introduction/opening remarks
- PV-PQRS registration walkthrough
- Question and answer session

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ESRD Quality Incentive Program: Reviewing Your Facility's Payment Year 2014 Performance Data — Registration Now Open

Wednesday, August 7; 3-4pm ET

To Register: Visit [MLN Connects Upcoming Calls](#). Space may be limited, register early.

Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders and quality improvement experts.

CMS will host an MLN Connects Call on the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP). The ESRD QIP is a pay-for-performance initiative that ties a facility's quality scores to a payment percentage reduction over the course of a payment year (PY). This call will focus on the steps dialysis facilities need to take to review the data CMS will use to evaluate performance as part of the PY 2014 program.

On July 15, 2013, CMS will make available to each facility a preliminary PY 2014 Performance Score Report (PSR) that "previews" how well it scored on the quality measures CMS will use for determining any payment reductions. CMS encourages every dialysis facility to carefully review its PSR before CMS makes the information available publicly at the end of 2013. Facilities will have from July 15 through August 15, 2013 to complete this important review. Also during this period, facilities will have an opportunity to ask questions about how their scores were calculated, and also have the ability to submit *one* formal inquiry if they find or suspect an error in the score calculations.

Agenda:

- How to access and review facility's PSR;
- How CMS calculated a facility's ESRD QIP performance score using quality data;
- What the performance score means to a facility's PY 2014 payment rates;
- When and where to ask questions regarding a PSR, including how to submit *one* formal inquiry;
- Duties and responsibilities to make ESRD QIP performance data transparent to patients;
- Where to access help and get additional information

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) web page to learn more.

OPEN PAYMENTS: Policy Updates on Payments and the Physician Resource Toolkit — Registration Now Open

Thursday, August 8; 1:30-3pm ET

To Register: Visit [MLN Connects Upcoming Calls](#). Space may be limited, register early.

Target Audience: Physicians, teaching hospitals, and other interested stakeholders.

OPEN PAYMENTS (Physician Payment Sunshine Act) requires manufacturers of pharmaceuticals or medical devices to publicly report payments made to physicians and teaching hospitals creating greater transparency around the financial relationships that occur among them. It is important to know that data collection will begin on August 1, 2013. This MLN Connects Call for physicians and teaching hospitals will give an update on program policy, with a focus on third party payments and indirect payments as well as the Physician Resource Toolkit. There will be a question and answer session following the presentation. Don't miss this opportunity to learn from the experts.

Agenda:

- Update on program policy, with a focus on Third Party Payments & Indirect Payments
- Physician Resource Toolkit
- Question and answer session

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) web page to learn more.

ICD-10 Basics — Registration Now Open

Thursday, August 22; 1:30-3pm ET

To Register: Visit [MLN Connects Upcoming Calls](#). Space may be limited, register early.

Target Audience: Medical coders, physicians, physician office staff, nurses and other non-physician practitioners, provider billing staff, health records staff, vendors, educators, system maintainers, laboratories, and all Medicare providers

Are you ready to transition to ICD-10 on October 1, 2014? Join us for a keynote presentation on ICD-10 basics by Sue Bowman from the American Health Information Management Association (AHIMA), along with an implementation update by CMS. A question and answer session will follow the presentation.

Agenda:

- Benefits of ICD-10
- Similarities and differences from ICD-9
- Coding
 - Basics of finding a diagnosis code
 - Placeholder "x"
 - Unspecified codes
 - External cause of injury codes
 - Type of encounter
- Training needs and timelines
- Resources for coding and training
- National implementation issues

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) web page to learn more.

ESRD Quality Incentive Program: Notice of Proposed Rulemaking for Payment Year 2016 — Save the Date

Wednesday, August 14; 3-4:30pm ET

CMS will host an MLN Connects Call on the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP). The ESRD QIP is a pay-for-performance quality initiative that ties a facility's performance to a payment reduction over the course of a payment year (PY). This MLN Connects call will focus on the proposed rule for operationalizing the ESRD QIP in PY 2016. This [proposed rule](#) was published in the Federal Register on July 8. Don't miss this opportunity to learn from the experts. Mark your calendars, as registration will be announced soon.

Payment Adjustments and Hardship Exceptions for the Medicare EHR Incentive Program — Save the Date

Thursday, August 15; 1:30-3

Beginning in 2015, Medicare eligible professionals, eligible hospitals, and critical access hospitals who do not successfully demonstrate meaningful use will be subject to a payment adjustment. The payment reduction starts at 1% and increases each year up to 5% if the provider does not demonstrate meaningful use of EHR technology. Join the CMS experts on an MLN Connects call to learn who will be affected, how to apply for an exception if you are eligible, and how the payment adjustment will be applied. Note: Providers which are not eligible for the Medicare EHR incentive program, or who successfully attest to the Medicaid EHR incentive program, will not be subject to payment adjustments.

Don't miss these other calls in the series for Medicare and Medicaid Eligible Professionals, Eligible Hospitals, and Critical Access Hospitals:

- [Register](#) for the July 23 call on Clinical Quality Measures
- [Register](#) for the July 24 call on Stage 2 of Meaningful Use

Previous MLN Connects Calls: New Materials Available

Audio Recording and Written Transcript from June 27 “Medicare and Medicaid EHR Incentive Programs and Certified EHR Technology” Call Now Available

The audio recording and written transcript from the June 27 “Medicare and Medicaid EHR Incentive Programs and Certified EHR Technology” call are now available on the [June 27](#) call web page in the “Call Materials” section.

Other Calls, Meetings, & Events

PERM Cycle 2 Provider Education Webinar/Conference Call

Wednesday, July 17; 3-4pm ET

CMS is hosting a Payment Error Rate Measurement (PERM) provider education webinar/conference call for Medicare providers who also provide Medicaid and CHIP services. Complete details are available in the [webinar/conference calls announcement](#).

Presentations will include:

- The PERM process and provider responsibilities during a PERM review
- Frequent mistakes and best practices
- The Electronic Submission of Medical Documentation, esMD program

To join the meeting:

- Registration is not required, however, space is limited
- Audio: 877-267-1577, Meeting ID# 4964
- [Webinar](#)

Announcements and Reminders

Proposed Policy and Payment Changes to the Medicare Physician Fee Schedule for Calendar Year 2014

On July 8, 2013, CMS issued a proposed rule that would update payment policies and payment rates for services furnished under the Medicare Physician Fee Schedule (PFS) on or after Jan. 1, 2014. Currently, Medicare only pays for primary care management services as part of a face-to-face visit. In the proposed rule, in order to support primary care, CMS proposes to make a separate payment to physicians for managing select Medicare patients’ care needs beginning in 2015. The proposed rule also proposes changes to several of the quality reporting initiatives that are associated with PFS payments – the Physician Quality Reporting System (PQRS), the Medicare Electronic Health Record (EHR) Incentive program, as well as changes to the Physician Compare tool on the Medicare.gov website. Finally, the rule continues the phased-in implementation of the physician value-based payment modifier (Value Modifier), created by the Affordable Care Act, that would affect payments to physician groups based on the quality and cost of care they furnish to beneficiaries enrolled in the traditional Medicare Fee-For-Service (FFS) program.

The proposed rule will appear in the July 19 Federal Register. CMS will accept comments on the proposed rule until September 6, 2013, and will respond to them in a final rule with comment period to be issued on or about November 1, 2013. For more information:

- [Proposed rule](#)
- [Fact sheet](#), “Proposed Policy and Payment Changes to the Medicare Physician Fee Schedule for Calendar Year 2014”
- [Fact sheet](#), “Proposed Changes for Calendar Year 2014 Physician Quality Programs and the Value Based Payment Modifier”

CMS Proposes Hospital Outpatient and Ambulatory Surgical Centers Policy and Payment Changes for 2014

CMS issued the Calendar Year (CY) 2014 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System Policy Changes and Payment Rates proposed rule [CMS-1601-P] on July 8, 2013. The proposed rule with comment period would update Medicare payment policies and rates for hospital outpatient department and ASC services, and update and streamline programs that encourage high-quality care in these outpatient settings consistent with policies included in the Affordable Care Act. Total CY 2014 OPPS payments are projected to increase by \$4.37 billion or 9.5 percent, and CY 2014 Medicare payments to ASCs are projected to increase by approximately \$133 million or 3.51 percent as compared to CY 2013.

CMS will accept comments on the proposed rule until September 6, 2013 and will respond to comments in a final rule to be issued by November 1, 2013. The proposed rule will appear in the July 19 Federal Register. For more information:

- [Proposed rule](#)
- [Fact sheet](#)

Register to Participate in the MAC Satisfaction Indicator

Make your voice count, and register to participate in the Medicare Administrative Contractors (MAC) Satisfaction Indicator (MSI). The MSI is a tool that measures your satisfaction with the MAC(s) that serve you. The MACs and CMS will use the results of the MSI to improve the level of service offered to all Medicare Fee-For-Service (FFS) providers.

CMS is developing a registry of Medicare providers for participation in the MSI. To accomplish this effort, CMS is seeking to collect accurate contact information by having providers complete the MSI Participant Registration form. The form itself is not a survey. It is a method for gathering pertinent contact information such as name, email address, state, etc. It should take less than 1 minute to complete. For each MSI administration, CMS will randomly select its MSI sample from a list of providers who register to become participants.

If you are a Medicare FFS provider or work on behalf of a Medicare FFS provider (such as a billing agency) and are interested in participating, take a moment to register your contact information by completing the [application](#), and let your voice be heard.

Claims, Pricer, and Code Updates

Round 2 DMEPOS Competitive Bidding Program: 120 Day Grace Period for Obtaining Written Orders

CMS will allow a grace period of 120 days (i.e., through October 31, 2013) for contract suppliers to obtain written orders for all competitive bidding items for beneficiaries that transition to them from a non-contract supplier beginning July 1, 2013.

This grace period is provided to give contract suppliers additional time to obtain the required written orders for the large volume of beneficiaries transitioning to them from non-contract suppliers at the start of the competitive bidding programs and does not apply to new patients who are obtaining the items for the first time.

In addition, beginning July 1, 2013, beneficiaries with Original Medicare who live in or travel to a Round 2 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) competitive bidding area who own a Continuous Positive Airway Pressure (CPAP) or respiratory assist device must obtain replacement of essential accessories (e.g., masks, tubing, etc.) necessary for the effective use of their devices from a contract supplier unless an exception applies. CMS will allow a grace period of 120 days (i.e., through October 31, 2013) for contract suppliers to obtain all medical necessity documentation to support medical necessity for replacement of accessories for use with beneficiary-owned CPAP or respiratory assist device.

Beginning November 1, 2013, suppliers will be expected to submit the required documentation upon request without exception. Absent such documentation, CMS contractors shall collect overpayments following established procedures. In cases where old suppliers do not provide the required documentation to the new supplier, or in other circumstances where documentation is not available, beneficiaries will need to visit their physician in order to obtain a new order to fulfill this requirement and other supporting documentation as appropriate.

Quarterly Update for HCPCS Code Set Now Available

CMS has posted the scheduled release of modifications to the Healthcare Common Procedure Coding System (HCPCS) code set on the [HCPCS Quarterly Update](#) web page. Changes are effective on the date indicated on the update.

MLN Education Products Update

"Screening Pap Tests" Booklet — Reminder

The "[Screening Pap Tests](#)" booklet (ICN 907791) is available in downloadable format. This booklet is designed to provide education on screening pap tests. It includes coverage, coding, billing, and payment information. It is also the July Product of the Month (please see the call-out box on the [MLN Products page](#) for more information).

"Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Information for Pharmacies" Fact Sheet — Reminder

The "[Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Information for Pharmacies](#)" Fact Sheet (ICN 905711) was revised and is now available in downloadable format. This fact sheet is designed to provide education for pharmacies on durable medical equipment, prosthetics, orthotics and supplies (DMEPOS). It includes information on accreditation by CMS-approved independent national Accreditation Organization (AO) as well as information if a pharmacy wants to be considered for an exemption from the accreditation requirements.

"Medicare-Covered Services Furnished Outside the United States" Fact Sheet — Now Available in Electronic Publication Format

The "[Medicare-Covered Services Furnished Outside the United States](#)" Fact Sheet (ICN 908605) is now available as an electronic publication (e-pub) and through a QR code. This fact sheet is designed to provide education on Medicare-covered services. It includes information about Medicare-covered services furnished in the United States (U.S.), Medicare-covered services furnished outside the U.S., and billing and payment.

The e-pub format is available under the "Related Links" section of the publication's detail page. The QR code is also located on the detail page. Instructions for downloading the e-publication and how to scan a QR code are available in "[How To Download a Medicare Learning Network® \(MLN\) Electronic Publication](#)."

"ICD-10-CM/PCS Myths and Facts" Fact Sheet — Now Available in Electronic Publication Format

The "[ICD-10-CM/PCS Myths and Facts](#)" Fact Sheet (ICN 902143) is now available as an electronic publication (e-pub) and through a QR code. This fact sheet is designed to provide education on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). It includes responses to myths about ICD-10-CM/PCS and resource information.

The e-pub format is available under the “Related Links” section of the publication’s detail page. The QR code is also located on the detail page. Instructions for downloading the e-publication and how to scan a QR code are available in [“How To Download a Medicare Learning Network® \(MLN\) Electronic Publication.”](#)

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